

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	5010-036-01
	First Inventor	MICHAEL P. HARROLD
	Title	MICROFLUIDIC DEVICE INCLUDING PURIFICATION COLUMN WITH EXCESS DILUENT, AND METHOD
	Express Mail Label No.	EV 348584879 US

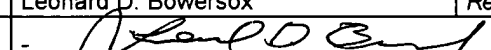
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 29] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]	ACCOMPANYING APPLICATION PARTS	
5. Oath or Declaration [Total Sheets] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
	11. <input type="checkbox"/> English Translation Document (if applicable)	
	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
	13. <input type="checkbox"/> Preliminary Amendment	
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
	17. <input checked="" type="checkbox"/> Other:Check No. 3830 for \$966.00	

17613 U.S. PTO
10/628281
07/28/03

18 If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No.: 10/414,179 and 10/426,587
Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

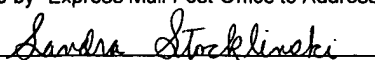
19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		35411		or <input type="checkbox"/> Correspondence address below	
Name		Leonard D. Bowersox			
Address		Kilyk & Bowersox, P.L.L.C.			
		3603-E Chain Bridge Road		Fairfax	VA 22030
Country	USA	Telephone	1-703-385-9688	Fax	1-703-385-9719
Name (Print/type)	Leonard D. Bowersox		Registration No. (Attorney/Agent)	33,226	
Signature			Date	July 28, 2003	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Date: July 28, 2003 Label No. EV 348584879 US I hereby certify that, on the date indicated above, I deposited this paper with identified attachments and/or fee with the U.S. Postal Service and that it was addressed for delivery to the Mail Stop Patent Application, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 by "Express Mail Post Office to Addressee" service.

Name: Sandra Stocklinski

Signature



02527 U.S. PTO
07/08/03

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin: 5px 0;">Effective 01/01/2003. Patent fees are subject to annual revision.</p>		Complete if Known													
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>Not yet assigned</td> </tr> <tr> <td>Filing Date</td> <td>July 28, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Michael P. HARROLD</td> </tr> <tr> <td>Examiner Name</td> <td>Not yet assigned</td> </tr> <tr> <td>Art Unit</td> <td>Not yet assigned</td> </tr> <tr> <td>Attorney Docket No.</td> <td>5010-036-01</td> </tr> </table>		Application Number	Not yet assigned	Filing Date	July 28, 2003	First Named Inventor	Michael P. HARROLD	Examiner Name	Not yet assigned	Art Unit	Not yet assigned	Attorney Docket No.	5010-036-01
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TOTAL AMOUNT OF PAYMENT (\$) 966.00															

METHOD OF PAYMENT (check all that apply) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-0925</u> Deposit Account Name: <u>KILYK & BOWERSOX, P.L.L.C.</u> The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				FEE CALCULATION (continued)																																																																																																																																																																																																																																			
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Independent</th> <th>Dependent</th> <th>20**=</th> <th>3**=</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>32</td> <td>2</td> <td>12</td> <td>0</td> <td>18.00</td> <td>84.00</td> <td>216.00</td> </tr> <tr> <td colspan="6"></td> <td></td> </tr> </tbody> </table>				Total Claims		Extra Claims		Fee from below		Fee Paid	Independent	Dependent	20**=	3**=			32	2	12	0	18.00	84.00	216.00								Other fee (specify) _____ Reduced by Basic Filing Fee Paid _____																																																																																																																																																																																																								
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SUBTOTAL (2) (\$) 216.00 <small>** or number previously paid, if greater; For Reissues, see above</small>				SUBTOTAL (3) (\$) 966.00																																																																																																																																																																																																																																			

SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Leonard D. Bowersox	Registration No. (Attorney/Agent)	33,226	Telephone	1-703-385-9688
Signature		Date	July 28, 2003		

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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Name: Sandra Stocklinski

Signature Sandra Stocklinski